



UNITED REPUBLIC OF TANZANIA

MINISTRY OF FINANCE

TANZANIA INSURANCE REGULATORY AUTHORITY

**GUIDELINES ON MEMBERSHIP REGISTRATION,
RESPONSIBILITIES AND RIGHTS IN HEALTH INSURANCE
SCHEME**

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**MIONGOZO YA USAJILI WA WANACHAMA, HAKI NA WAJIBU
KATIKA SKIMU ZA BIMA YA AFYA**

Toleo Na. 1.0

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1.1. Authorization and Powers	These guidelines have been issued in accordance with Section 7 (2)(i) of the Universal Health Insurance Act Cap 161, which mandates the Authority to develop guidelines for membership registration of health insurance scheme.	1.1. Idhini na Mamlaka	Miongozo hii imetolewa kwa mujibu wa Kifungu cha 7 (2)(i) cha Sheria ya Bima ya Afya kwa Wote Sura 161, ambacho kinaiaagiza Mamlaka kutoa Miongozo mbalimbali ya usajili wa wanachama katika skimu za bima ya afya.
1.2. Citation	These Guidelines may be cited as “Guidelines on Membership Registration, Responsibilities and Rights in Health Insurance Scheme, 2025”.	1.2. Nukuu	Miongozo hii itatamkwa kama “Miongozo ya Usajili Wanachama, Haki na Wajibu katika Skimu za Bima ya Afya, 2025.”
1.3. Background and Rationale	1.3.1 These guidelines have been developed to establish a structured approach to health insurance membership registration, ensuring all eligible individuals are formally included in health insurance schemes. 1.3.2 Membership registration aims to promote accountability, transparency, and trust among stakeholders, including members and beneficiaries.	1.3. Usuli na mantiki	1.3.1 Miongozo hii imeandaliwa ili kuweka mfumo rasmi wa usajili wa wanachama wa bima ya afya, ili kuhakikisha watu wote wanaostahili wanajumuishwa katika skimu za bima ya afya. 1.3.2 Usajili wa wanachama unalenga kuimarisha uwajibikaji, uwazi, na uaminifu miongoni mwa wadau, wakiwemo wanachama na wanufaika.

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1.4. Application	These Guidelines apply to all Health Insurance Schemes registered by the Authority.	1.4. Matumizi	Miongozo hii itatumika kwa skimu za bima ya afya zilizosajiliwa na Mamlaka
1.5. Purpose and Objectives	1.5.1 These Guidelines serve as a framework for Health Insurance Schemes to conduct member registration in alignment with best practices and in compliance with the provisions of the Act. 1.5.2 The guidelines are specifically intended to serve the following purposes:- a) To provide general guidance for registration of members in health insurance scheme; b) To ensure high level of integrity and professionalism in administration of membership registration by health insurance schemes’; c) To establish standard procedures for membership registration in health insurance schemes; and d) To establish rights and responsibilities of members and health insurance schemes.	1.5. Lengo na Madhumuni	1.5.1. Miongozo hii itatumika kama nyenzo ya kuongoza skimu za Bima ya Afya kufanya usajili wa wanachama kwa kufuata taratibu na kwa mujibu wa Sheria. 1.5.2. Miongozo hii itatumika pia kwa malengo yafuatayo:- a) Kutoa mwongozo wa usajili wa wanachama katika skimu za Bima ya afya; b) Kuzingatia na kusimamia uadilifu na taaluma katika kufanya usajili wa wanachama na wanufaika wa skimu ya bima ya afya; c) Kuweka utaratibu wa viwango vya usajili wa wanachama wa skimu ya bima ya afya; na d) Kubainisha haki na wajibu wa wanachama na skimu za bima ya afya.
1.6. Interpretation	In these Guidelines, unless the context	1.6. Tafsiri ya	Katika Miongozo hii isipokua kama

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requires otherwise- “Act” means the Universal Health Insurance Act Cap 161. “Authority” means the Tanzania Insurance Regulatory Authority established by the Insurance Act Cap 394. “Commissioner” means Commissioner of Insurance and Chief Executive Officer of the Authority as established by the Insurance Act Cap 394. “Person” means a person or an entity. “Health insurance Scheme” has the same meaning as interpreted in the Universal Health Insurance Act.” “Member” has the same meaning as interpreted in the Universal Health Insurance Act.” “Active Membership” any person who has been registered by health insurance scheme with valid Health Insurance	Maneno muktadha utaelekeza vinginevyo, maneno yafuatayo yatamaanisha: - "Sheria" maana yake ni Sheria ya Bima ya Afya kwa wote Sura ya 161. "Mamlaka" maana yake ni Mamlaka ya Usimamizi wa Bima Tanzania iliyoanzishwa na Sheria ya Bima Sura ya 394. "Kamishna" maana yake ni Kamishna wa Bima na Mtendaji Mkuu wa Mamlaka kama ilivyoanzishwa na Sheria ya Bima Sura ya 394. "Mtu" maana yake ni mtu au Taasisi. "Skimu ya Bima ya Afya" ina maana sawa kama ilivyoelezwa katika Sheria ya Bima ya Afya kwa wote. "Mwanachama" ina maana sawa kama ilivyoelezwa katika Sheria ya Bima ya Afya kwa wote. Uanachama Hai" maana yake ni mtu

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Policy. “Beneficiary” has the same meaning as interpreted in the Universal Health Insurance Act. “Premium” means the amount of money paid by the member to the health insurance scheme as consideration for health insurance coverage. “Dependant” has the same meaning as interpreted in the Act. “spouse” is the legal married partner, which can refer to either a husband or a wife as described in a marriage Act. CAP. 29. “Benefit package” these are health services provided to a beneficiary of health insurance scheme. “Waiting period” it is the period during which a health insurance beneficiary must wait before becoming eligible to receive	aliyesajiliwa katika skimu ya Bima ya afya na ana mkataba hai wa Bima ya Afya. "Mnufaika" ina maana sawa kama ilivyoielezwa katika Sheria ya Bima ya Afya kwa wote. “Kiwango cha uchangiaji” inamaanisha kiasi cha fedha kinacholipwa na mwanachama kwa skimu ya bima ya afya kama malipo kwa ajili ya huduma za bima ya afya. “Mtegemezi” ina maana sawa na ilivyofafanuliwa katika Sheria. “Mwenza” ni mwenzi halali aliyepoa au kuolewa, ambaye anaweza kuwa mume au mke kama ilivyoielezwa katika Sheria ya Ndoa SURA Na. 29. “Kiticha cha Mafao” ni huduma za afya zinazotolewa kwa mnufaika wa skimu za bima ya afya. “Kipindi cha Kusubiri” ni muda ambao

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	all or some of the health insurance services "Foreigner" has the same meaning as defined under the Non-Citizens Act. "Registered Distribution Channel" means members utilize the services of distribution channels authorized by the Authority		mnufaika wa bima atalazimika kusubiri kabla ya kuanza kupata huduma zote au mojawapo ya huduma za bima ya afya. "Mgeni" ina maana sawa na ilivyoielezwa chini ya Sheria ya watu wasiokuwa Raia "Wasambazaji huduma waliosajiliwa" ina maana wasambazaji bima walioidhinishwa na Mamlaka.

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2.1. Eligible criteria	2.1.1 The following are eligible to join health Insurance Scheme: a) All individuals who, before the commencement of the Act, were members of a health insurance scheme as outlined in the laws governing the respective scheme; b) All individuals who, on the date of commencement of the Act, will have reached the age of twenty-one; c) All individuals who, on the date of commencement of the Act, will be under the age of twenty-one but qualify for registration as members/beneficiary in accordance with Universal Health Insurance Act or any other Act; d) All individuals employed in the private or public sector; e) All self-employed individuals;	2.1. Sifa za kusajiliwa	2.1.1 Wafuatao wanastahili kujiunga na Skimu ya Bima ya Afya: a) Watu wote ambao kabla ya kuanza kutumika kwa Sheria walikuwa wanachama wa skimu ya bima ya afya kama ilivyoainishwa katika Sheria zinazosimamia skimu husika; b) Watu wote ambao katika tarehe ya kuanza kutumika kwa Sheria watakuwa wametimiza umri wa miaka ishirini na moja; c) Watu wote ambao, kwa tarehe ya kuanza kutumika kwa Sheria, watakuwa chini ya umri wa miaka ishirini na moja lakini wanasifa za kusajiliwa kuwa wanachama/wanufaika kwa mujibu wa Sheria ya Bima ya Afya kwa Wote au Sheria nyingine yoyote;

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	f) Low income earners; and g) Any other groups of individuals as may be specified.		d) Watu wote walioajiriwa katika sekta binafsi au ya umma; e) Watu wote waliojiajiri; f) Watu wenye kipato cha chini; na g) Makundi mengine ya watu kadri itakavyoainishwa.
2.2. Registration system	2.2.1 Health insurance scheme shall establish a system that will ensure membership registration can be conducted from any location within the United Republic of Tanzania. 2.2.2 The registration system shall be integrated with the Authority's system to facilitate seamless information sharing. 2.2.3 Registration process must be conducted both in English and Swahili.	2.2. Mfumo wa usajili	2.2.1 Skimu ya bima ya afya itapaswa kuweka mfumo utakaowezesha usajili wa wanachama mahali popote ndani ya Jamhuri ya Muungano wa Tanzania. 2.2.2 Mfumo wa usajili utaunganishwa na mfumo wa Mamlaka ili kuwezesha ubadilishanaji wa taarifa kwa urahisi. 2.2.3 Taratibu za usajili zitatakiwa kufanyika kwa lugha ya Kingereza na Kiswahili.
2.3. Application for membership	2.3.1 For the purpose of applying for membership, a person shall fill and submit an electronic registration form	2.3. Maombi ya Usajili wa uanachama	2.3.1 Kwa madhumuni ya kujiunga na uanachama, mwombaji atapaswa kujaza na kuwasilisha fomu ya

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registration	provided by the health insurance scheme. 2.3.2 In situations where electronic registration is not feasible, paper-based registration may be used, but must be digitalized within seven days of the registration date.		maombi ya usajili ya kieletroniki itakayotolewa na skimu ya bima ya afya. 2.3.2 Katika mazingira ambayo ujazaji wa fomu ya kieletroniki hautawezekana, usajili utafanyika kupitia kujaza fomu ya usajili; na skimu ya bima ya afya itapaswa kuweka taarifa za usajili kwenye mfumo wa usajili wa kielekitroniki ndani ya siku saba tangu maombi ya usajili yalipofanyika.
2.4. Application form for citizens	A registration form shall have a minimum of the following information for principal member and spouse, dependent if applicable :- a) Full Name; b) Date of Birth; c) Marital status (Applicable for member);	2.4. Fomu ya Maombi ya uanachama kwa raia	Fomu ya usajili itakuwa na angalau taarifa zifuatazo za mwanachama mchangiaji na mwenza, mtegemezi iwapo itahitajika: a) Jina Kamili; b) Tarehe ya Kuzaliwa; c) Hali ya Ndoa (Inahusika kwa mwanachama na mwenzi);

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	d) Gender; e) Phone Number (May not be applicable for dependent); f) Employment status (employed or self employed); g) Name of employer (Applicable for member from formal sector); h) Registration Location: Region, District, Ward and Street/Village; i) Place of residence: Region, District, Ward and street /Village; j) Individual Identification (National Identification); k) Birth certificate number for individuals below 18 years with no National Identification Number.		d) Jinsi; e) Nambari ya Simu (Inaweza isiwe inahitajika kwa mtegemezi); f) Hali ya Ajira (Mwajiriwa au Amejiajiri); g) Jina la mwajiri (Inahusika kwa mwanachama wa sekta rasmi); h) Mahali pa Usajili: Mkoa, Wilaya, Kata na Mtaa/Kijiji; i) Makazi: Mkoa, Wilaya, Kata na Mtaa/Kijiji; j) Namba za utambulisho wa Taifa; k) Namba ya cheti cha kuzaliwa kwa watu walio chini ya umri wa miaka 18 wasio na Nambari ya Kitambulisho cha Taifa.
2.5. Application form for Non-citizens	A registration form shall have a minimum of the following information for principal member and spouse, dependent if applicable :-	2.5. Fomu ya Maombi ya uanachama kwa wasio raia	Fomu ya usajili itakuwa na angalau taarifa zifuatazo za mwanachama mchangiaji na mwenza, mtegemezi iwapo itahitajika:

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	a) Full Name; b) Date of Birth; c) Marital status (Applicable for principal member); d) Gender; e) Phone Number (May not be applicable for dependent); f) Nationality; g) Passport Identification number or Identification number for refugee.		a) Jina Kamili b) Tarehe ya Kuzaliwa c) Hali ya Ndoa (Inahusika kwa mwanachama mkuu na mwenzi) d) Jinsi e) Nambari ya Simu(Inaweza isiwe inahitajika kwa mtegemezi) f) Uraia; g) Namba za utambulisho ya hati ya kusafiria au Namba ya Kitambulisho cha mkimbizi.
2.6. Submission of registration form	2.6.1 A form must be completed by a member or an authorized representative and submitted to the health insurance scheme. 2.6.2 No registration fee shall be paid for registration by applicant both at the time of registration and at the time of renewal of registration.	2.6. Uwasilishaji wa fomu ya usajili	2.6.1 Fomu itajazwa na mwanachama au mtu yeyote aliyeteuliwa na mwanachama na kuwasilishwa kwa skimu ya bima ya afya. 2.6.2 Hakutakuwa na ada ya usajili ya uanachama itakayolipwa na muombaji wakati wa usajili na wakati wa kuhuisha uanachama.
2.7. Application	2.7.1 The health insurance scheme shall	2.7. Uchakataji wa	2.7.1 Skimu ya bima ya afya itapitia

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Processing	assess the application within seven (7) days and provide appropriate response to the applicant in writing physically or electronically. 2.7.2 Upon completion of application, the applicant shall pay the premium to the health insurance scheme within three (3) days as per agreed modality between the applicant and health insurance scheme. 2.7.3 The health insurance scheme shall provide identification of membership within seven (7) days to beneficiaries after confirmation of premium receipt. 2.7.4 The policy will take effect immediately upon confirmation of premium payment and issuance of the membership identification, in accordance with the terms and agreement of the policy	maombi	maombi ya usajili ndani ya siku saba (7) na kutoa majibu kwa mwombaji kwa njia ya nakala ngumu au kielektroniki. 2.7.2 Baada ya kukamilisha maombi, muombaji atapaswa kulipa mchango wa bima kwa skimu ya bima ya afya ndani ya siku tatu (3) kulingana na makubaliano kati ya muombaji na skimu ya bima ya afya. 2.7.3 Skimu ya bima ya afya itatoa utambulisho wa uanachama ndani ya siku saba (7) kwa wanufaika baada kupokea malipo. 2.7.4 Mkataba wa Bima utanza kutekelezwa mara baada ya kuthibitishwa kwa malipo ya michanga ya bima na kutolewa kwa utambulisho wa uanachama, kwa mujibu wa masharti na makubaliano ya mkataba.

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2.8. Waiting period	If the health insurance scheme imposes a general waiting period for beneficiaries after registration, the waiting period will begin from the date of issuance of the membership identification and shall not exceed 30 days.	2.8. Muda wa kusubiri	Iwapo skimu ya bima ya afya ina kipindi cha ujumla cha muda wa kusubiri kwa wanufaika wake baada ya usajili, kipindi hicho cha kusubiri kitaanzia tarehe ya kutolewa kwa utambulisho wa uanachama na hakitazidi siku 30.
2.9. Insurance policy	2.9.1 After completion of membership registration, the health insurance scheme shall provide an insurance policy to the member in physical or electronic form. 2.9.2 Insurance policy shall include; a) Policy exclusions; b) Policy schedule; c) Subscribed benefit package; d) Renewal date; e) Terms and conditions; f) List of certified health service providers; g) Waiting period (if applicable); and	2.9. Mkataba wa Bima	2.9.1 Baada ya kukamilisha usajili wa uanachama, skimu ya bima ya afya itatoa mkataba wa bima kwa mwanachama kwa mfumo wa kielektroniki au nakala ngumu. 2.9.2 Mkataba wa Bima utajumuisha; a) Makatazo; b) Muhtasari wa mkataba wa bima; c) Kitita cha mafao; d) Tarehe ya kuhuisha usajili; e) Vigezo na masharti; f) Orodha ya watoa huduma za afya waliothibitishwa;

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	h) Premium paid; 2.9.3 The policy should be in both language Swahili and English.		g) Kipindi cha kusubiri (kama kimeainishwa); na h) Kiwango cha Michango iliyolipwa. 2.9.3 Mkataba huo utatakiwa kuwa kwa lugha ya Kiswahili na Kingereza.
2.10. Uses of registered distribution channel	2.10.1 The health insurance scheme may, as needed for membership registration, utilize the services of distribution channels registered by the Authority to facilitate the registration process. 2.10.2 Distribution channels shall be paid a commission by the health insurance scheme at a rate determined by the Authority.	2.10. Matumizi ya wasambazaji huduma	2.10.1 Skimu ya bima ya afya kwa madhumuni ya usajili wa wanachama inaweza, kutumia huduma za wasambazaji bima waliosajiliwa na Mamlaka ili kurahisisha usajili. 2.10.2 Wasambazaji wa huduma za bima ya afya watalipwa kamisheni na skimu ya bima ya afya kwa kiwango kitakacho bainishwa na Mamlaka.
2.11. Membership renewal	2.11.1 The health insurance scheme is required to provide notification for renewal of membership to members at least 30 days before expiring of the policy. 2.11.2 The membership will be	2.11. Uhuishaji wa uanachama	2.11.1 Skimu ya bima ya afya inapaswa kutoa taarifa ya uhuishaji wa uanachama kwa wanachama wake angalau siku 30 kabla ya tarehe ya kukoma kwa mkataba wa bima.

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	considered renewed if premium is paid within 30 days after insurance policy expiration date and if the member does not renew the membership within 30 days, they will be regarded as a new applicant.		2.11.2 Uanachama utazingatiwa kuwa umehuishwa ikiwa michango ya bima italipwa ndani ya siku 30 baada ya tarehe ya kumalizika kwa mkataba wa bima na ikitokea mwanachama hajahuisha uanachama ndani ya siku 30 atahesabika kama muombaji mpya.
2.12. Suspension and termination of membership by health insurance scheme	2.12.1 The health insurance scheme shall have the right to suspend membership due to the following reasons: - a) Submission of false or forged information by a member during registration. b) Involvement in fraudulent practices that affect the health insurance scheme. 2.12.2 The Health insurance scheme shall have right to terminate membership	2.12. Kusimamishwa na Kusitishwa kwa Uanachama na skimu ya bima ya afya	2.12.1 Skimu ya bima ya afya inaweza kufuta uanachama kutokana na sababu zifuatazo:- a) Kuwasilisha taarifa za uongo au udanganyifu kwa skimu ya bima ya afya wakati wa usajili. b) Kushiriki katika vitendo vya udanganyifu vinavyoweza kuathiri skimu ya bima ya afya. 2.12.2 Skimu ya bima ya afya itakuwa na haki ya kufuta uanachama kwa

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	due to the following reasons; a) Death b) Failure to contribute to the scheme for three consecutive months		sababu zifuatazo: a) Kifo b) Kushindwa kuchangia kwenye skimu kwa miezi mitatu mfululizo.

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3.1. Rights of health insurance scheme	In implementing Memberships Registration Guidelines, the Health Insurance Scheme shall have the right to: - a) Request additional information for the purpose of member registration; b) Suspend health insurance services for members found to submit false or misleading information; c) Enforce policy terms, including the suspension or termination of membership, if the member fails to comply with the agreed-upon terms. d) Report fraudulent incidences committed by beneficiaries of the scheme to the Authority and action taken by the health insurance scheme; and e) The suspension of services to members due to the failure to submit	3.1. Haki za skimu za bima ya afya	Katika utekelezaji wa miongozo ya usajili wa wanachama, Skimu za Bima ya Afya itakuwa na haki zifuatazo:- a) Kuomba taarifa za ziada kwa madhumuni ya usajili wa mwanachama; b) Kusimamisha huduma za bima ya afya kwa wanachama watakaobainika kutoa taarifa za uongo au za kupotosha; c) Kutekeleza masharti ya mkataba wa bima, ikijumuisha kusimamisha au kufuta uanachama, iwapo mwanachama atashindwa kufuata masharti waliyokubaliana; d) Kutoa taarifa ya matukio ya udanganyifu yaliyofanywa na wanufaika wa skimu ya bima ya afya kwa Mamlaka na hatua zilizochukuliwa na skimu za bima

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	contributions in accordance with the law.		ya afya; na e) Kusitisha utoaji wa huduma kwa wanachama kutokana na kutowasilishwa kwa michango kwa mujibu wa sheria.
3.2. Responsibilities of health insurance scheme	The Health Insurance Scheme has the following responsibilities: - a) Put in place an effective mechanism for registration of members; b) Issue membership identification to successfully registered members within the prescribed time period; c) Verify or authenticate the accuracy of the information submitted by a member; d) Collect insurance premiums as agreed during the registration process; e) Maintain the confidentiality of personal members information;	3.2. Wajibu wa skimu ya bima ya afya	Skimu ya Bima ya Afya itakuwa na wajibu ufuatao:- a) Kuweka utaratibu wezeshi na fanisi wa kusajili wanachama; b) Kutoa utambulisho kwa wanachama waliosajiliwa ndani ya muda uliopangwa; c) Kuhakiki au kuthibitisha usahihi wa taarifa zilizowasilishwa na mwanachama; d) Kukusanya kiwango cha michango kama ilivyoafikiwa wakati wa usajili; e) Kuhifadhi kwa usiri wa taarifa binafsi za wanachama; f) Kuwapatia wanachama orodha ya

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f) Provide members with an updated list of contracted health service providers; g) Clearly communicate the terms and conditions contained in the insurance policy, including coverage limits, benefits, exclusions, and premium amounts in language understood by members (swahili or english); h) Establishing a simple procedure for obtaining feedback on services from members and resolving the challenges they face; i) Provide public awareness creation programmes to the general public on matters related to health insurance; j) Maintaining a member database and submitting membership registration reports to authority every quarter, in the manner and format prescribed by	- watoa huduma za afya walio na mkataba na skimu ya bima ya afya; g) Kuweka wazi masharti na vigezo kwenye mkataba wa bima, ikiwa ni pamoja na mawanda ya mkataba wa bima, huduma ambazo hazijajumuishwa, na kiwango cha cha michango kwa lugha inayoeleweka kwa wanachama (Kiswahili au Kingereza); h) Kuweka utaratibu rahisi wa kupata mrejesho wa huduma kutoka kwa wanachama na utatuzi wa changamoto zinazowakabili; i) Kutoa hamasa kwa umma ili kuongeza uelewa kuhusu bima ya afya; j) Kutunza kanzidata ya wanachama na kuwasilisha taarifa za usajili wa wanachama kwa Mamlaka kila robo

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	the authority; and k) To inform the public about all the changes that will take place through specific media outlets.		mwaka kwa kuzingatia utaratibu na muundo uliotolewa na Mamlaka; na k) Kuujulisha Umma kuhusu mabadiliko yote yatakayofanyika kupitia vyombo vya habari mahususi.
3.3. Rights of Members	The members shall have the right to: - a) Be registered in health Insurance scheme of their choice or choice of their affiliated institutions; b) Receive a clear and comprehensive health insurance policy from the scheme, detailing the health insurance plan, including coverage, premiums, exclusions, and any other relevant terms; c) Access all health services as stipulated in their insurance policy subscribed; d) Be provided with list of contracted health service providers from whom	3.3. Haki za wanachama	Wanachama watakuwa na haki zifuatazo: a) Haki ya kusajiliwa katika skimu ya bima ya afya atakayochagua au iliyochaguliwa na taasisi anayohusiana nayo; b) Kupewa mkataba wa bima wenye uwazi na kamili kutoka katika skimu ya bima ya Afya, ikielezea mawanda, viwango vya michango na masharti mengine yoyote muhimu; c) Kupata huduma zote za afya kama zilivyoainishwa katika mkataba wa bima; d) Kupatiwa orodha ya watoa huduma

SECTION THREE: RIGHTS AND RESPONSIBILITIES		SEHEMU YA TATU: HAKI NA WAJIBU	
	they can obtain health services; e) Appeal decisions such as suspension, or termination of membership; f) Right to good customer care and good quality of health services; g) Right to submit complaints to the health insurance schemes on customer care manners and other issues related to service delivery; and h) To receive information and updates made by health insurance schemes.		za afya walioingia mikataba ambao wanatoa huduma kwa wanachama; e) Kukata rufaa dhidi ya uamuzi wa, kusitishwa au kufutwa uwanachama; f) Haki ya kupata huduma bora na huduma za afya zenye ubora g) Haki ya kuwasilisha malalamiko kwa skimu ya bima kuhusu mwenendo wa huduma kwa wateja na masuala mengine yanayohusiana na utoaji wa huduma; na h) Kupata taarifa na mabadiliko yanayofanywa na skimu za bima ya afya.
3.4. Responsibilities of members	The Health Insurance members shall have following responsibilities: - a) To provide accurate and truthful information to the health insurance scheme during the registration and throughout the membership period;	3.4. Wajibu wa wanachama	Wanachama wa bima ya afya watakuwa na wajibu ufuatao:- a) Kutoa taarifa sahihi na za kuaminika kwa skimu ya bima ya afya wakati wa usajili na wakati wote wa kipindi cha uanachama;

SECTION THREE: RIGHTS AND RESPONSIBILITIES	SEHEMU YA TATU: HAKI NA WAJIBU
b) To notify the health insurance scheme of any changes to personal information that could impact their policy; c) To pay insurance premiums in accordance with the terms outlined in the policy; d) To comply with the terms and conditions of the health insurance policy, including any referral systems or procedures for accessing health services; e) To understand and comply with the health insurance policy, including its benefits, exclusions, limitations, and other relevant provisions; and f) To notify the Health Insurance Scheme or Authority of attempt to fraudulent	b) Kutoa taarifa kuhusu mabadiliko yoyote ya taarifa binafsi ambayo yanaweza kuathiri mkataba wa bima ya afya; c) Kulipa viwango vya michango kama inavyoelekezwa katika mkataba wa bima; d) Kufuata masharti na vigezo vya mkataba wa bima, ikiwa ni kufuata mfumo wa rufaa za matibabu au taratibu za kupata huduma za afya; e) Kusoma, kuelewa na kuzingatia mkataba wa bima, ikiwa ni pamoja na kitita cha huduma za afya, orodha ya huduma zisizo jumuishwa, mipaka, na vifungu vingine vyote vinavyohusiana; na f) Kuutaarifu Skimu ya Bima ya Afya au Mamlaka kuhusu jaribio lolote la udanganyifu

SECTION FOUR: GENERAL PROVISIONS		SEHEMU YA NNE: MASHARTI YA JUMLA	
4.1. Sanctions	A person who contravenes the provisions of these Guidelines commits an offense and such act shall be subject to penalties as prescribed by the Act.	4.1. Adhabu	Mtu ambaye atakiuka masharti ya Miongozo hii atakuwa ametenda kosa na ataadhibiwa kama ilivyoielezwa katika Sheria.
4.2. Effective date	These Guidelines shall come into force on the 1st of September 2025.	4.2. Tarehe ya kuanza kutumika	Miongozo hii itanza kutumika rasmi tarehe 1 Septemba, 2025.

SECTION FIVE: REVIEW AND APPROVAL		SEHEMU YA TANO: MAPITIO NA IDHINI	
5.1. Review of Guidelines	5.1.1 These Guidelines shall be reviewed once every three years for improvement from the date published; 5.1.2 Subject to 5.1.1, the Authority may issue an addendum that shall form part of these Guidelines.	5.1. Mapitio ya Miongozo	5.1.1 Miongozo hii itafanyiwa mapitio mara moja kila baada ya miaka mitatu 5.1.2 Kwa kuzingatia 5.1.1, Mamlaka inaweza kutoa masharti yatakayounda nyongeza ya Miongozo hii pale itakapohitajika
Approved by:	Dr. Baghayo A. Saqware <u>COMMISSIONER OF INSURANCE</u>	Imepitishwa na:	Dr. Baghayo A. Saqware <u>KAMISHNA WA BIMA</u>

FOR APPLICATION AND ENQUIRIES PLEASE WRITE TO:	KWA MAOMBI AU MAULIZO, ANDIKA KWA:
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WESTERN ZONE OFFICE TIRA TUWAS Boma Road, 5113 Gongoni Street, P.O.Box 198, Tabora Email: western@tira.go.tz Website: www.tira.go.tz	OFISI YA KANDA YA MAGHARIBI Jengo la TIRA TUWAS, Barabara ya Boma, Kiwanja Na. 5113, Mtaa wa Gongoni, S.L.P 198, Tabora - Tanzania. Baruapepe: western@tira.go.tz Mtandao: www.tira.go.tz
LAKE TANGANYIKA ZONE OFFICE NHC Mpanda Plaza, 2nd Floor Left wing, Majengo Street,	OFISI YA KANDA YA ZIWA TANGANYIKA Jengo la NHC Mpanda Plaza, Ghorofa ya 2, Upande wa Kushoto, Mtaa wa Majengo,

FOR APPLICATION AND ENQUIRIES PLEASE WRITE TO:	KWA MAOMBI AU MAULIZO, ANDIKA KWA:
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EASTERN ZONE OFFICE PSSSF Commercial Complex, 3 rd Floor. Sam Nujoma Road, Dar es Salaam	OFISI YA KANDA YA MASHARIKI Jengo la PSSSF Commercial Complex, Ghorofa ya 3, Barabara ya Sam Nujoma, Dar es Salaam.
PEMBA ZONE OFFICE ZSTC Building (Karafuu House), Madungu Street, Chake Chake, Pemba Website: www.tira.go.tz	OFISI YA KANDA YA PEMBA Jengo la ZSTC (Karafuu House), Mtaa wa Madungu, Chake Chake, Pemba Mtandao: www.tira.go.tz
UNGUJA ZONE OFFICE ZSTC Building, 5 th Floor, Kinazini Road. P.O. Box 133, Zanzibar Website: www.tira.go.tz	OFISI YA KANDA YA UNGUJA Jengo la ZSTC, Ghorofa ya 5, Barabara ya Kinazini, S.L.P 133, Zanzibar Mtandao: www.tira.go.tz